

I HEREBY CERTIFY this to be a true and correct copy of the original on file with the office of COUNTY CLERK.
This Certified Copy VALID Only When SEAL and RED SIGNATURE Are Affixed.

Harry A. Waters
STATE FILE NUMBER
MUSKEGON COUNTY CLERK



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Georgia Kay Smith		2. DATE OF BIRTH [REDACTED] 1946	3. SEX Female	4. DATE OF DEATH December 14, 2019	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Georgia Kay Romans		6a. AGE - Last Birthday (Years) 73	6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES
7a. LOCATION OF DEATH [REDACTED] 49442		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Muskegon Twp		7c. COUNTY OF DEATH Muskegon	
8a. CURRENT RESIDENCE - STATE Michigan	8b. COUNTY Muskegon	8c. LOCALITY Muskegon Twp [REDACTED]			
9a. ZIP CODE 49442	9b. BIRTHPLACE Muskegon, Michigan		10. SOCIAL SECURITY NUMBER [REDACTED] 0371		11. DECEDENT'S EDUCATION High school graduate
12. RACE White		13a. ANCESTRY Irish, Other North European		13b. HISPANIC ORIGIN No	14. EVER IN THE U.S. ARMED FORCES? No
15. USUAL OCCUPATION Homemaker		16. KIND OF BUSINESS OR INDUSTRY Own Home		17. MARITAL STATUS Married	18. NAME OF SURVIVING SPOUSE (First, Middle, Last) Richard Alan Smith
19. FATHER'S NAME (First, Middle, Last) George R. Romans		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Irene Tisdale			
21a. INFORMANT'S NAME Richard Alan Smith		21b. RELATIONSHIP TO DECEDENT Husband		21c. MAILING ADDRESS [REDACTED] Muskegon, Michigan 49442	
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Phoenix Crematory Services		23b. LOCATION - City or Village, State Muskegon Heights, Michigan	
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Dale R Clock		25. LICENSE NUMBER 4501006296		26. NAME AND ADDRESS OF FUNERAL FACILITY Clock Funeral Home Inc. Muskegon Chapel, [REDACTED] [REDACTED] Muskegon, Michigan 49441	
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the immediate and remote cause. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Gerald A. Harriman, DO Signature and		28a. ACTUAL OR PRESUMED TIME OF DEATH 05:49 AM		28b. PRONOUNCED DEAD ON December 14, 2019	28c. TIME PRONOUNCED DEAD 06:18 AM
29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Home under Hospice		31. IF HOSPITAL	
32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Gerald A. Harriman, DO, Harbor Hospice, 1050 W. Western Ave Suite 400, Muskegon, Michigan 49441					
35a. REGISTRAR'S SIGNATURE <i>Harry A. Waters</i>		35b. DATE FILED December 19, 2019			
36. PART I. LISTED the cause of death - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or vascular collapse without showing the etiology. Enter only one cause on line. If Multiple, use an underlying or contributing cause of death for cause to record findings in other Part I or Part II of the cause of death. IMMEDIATE CAUSE (that disease or condition resulting in death) Responsibility for (if any), leading to the death on this line. Enter the UNDERLYING CAUSE (disease or injury that initiated the chain resulting in death) 1. Inanition DUE TO (OR AS A CONSEQUENCE OF) 2. Dementia DUE TO (OR AS A CONSEQUENCE OF) 3. DUE TO (OR AS A CONSEQUENCE OF) 4. DUE TO (OR AS A CONSEQUENCE OF)					Approximate Interval Between Onset and Death months years
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I					37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
38. MANNER OF DEATH Natural		39a. WAS AN AUTOPSY PERFORMED? No		39b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable	
40a. DATE OF INJURY		40b. TIME OF INJURY		40c. DESCRIBE HOW INJURY OCCURRED	
41a. INJURY AT WORK		41b. PLACE OF INJURY		41c. IF TRANSPORTATION INJURY	
41d. LOCATION					

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VRH0811 (12/12) Authority: MOI, 302.1

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.